

Complete Summary

TITLE

Cancer: the percentage of patients with cancer diagnosed from 1 April 2003 with a review by the practice recorded within six months of confirmed diagnosis.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring at six months of the practice receiving confirmation of the diagnosis.

RATIONALE

Cancer is a clinical priority in all four countries of the United Kingdom. It is recognised that the principal active management of cancers occurs in the secondary care setting. General practitioners often have a key role in the referral and subsequently in providing a support role and in ensuring that care is appropriately co-ordinated. This measure is one of two [Cancer](#) measures. The Cancer set is not evidence-based but does represent Good Professional Practice.

Most general practitioners will see patients with a new cancer diagnosis following assessment and management in a secondary or tertiary care setting. A cancer review is an opportunity to cover the following issues:

- The patient's individual health and support needs (this will vary with, e.g., the diagnosis, staging, age and pre-morbid health of the patient and their social support networks)
- The co-ordination of care between sectors.

PRIMARY CLINICAL COMPONENT

Cancer; patient review

DENOMINATOR DESCRIPTION

Patients with cancer diagnosed within the last 18 months

NUMERATOR DESCRIPTION

Number of patients from the denominator who have a patient review recorded as occurring within 6 months after the practice has received confirmation of the diagnosis

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with cancer diagnosed within the last 18 months*

*Note: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable.

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with cancer diagnosed within the last 18 months

Exclusions

See "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients from the denominator who have a patient review recorded as occurring within 6 months after the practice has received confirmation of the diagnosis

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA). Quality and outcomes framework guidance.
London (UK): British Medical Association (BMA); 2006. 132 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Cancer 3. The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within six months of the practice receiving confirmation of the diagnosis.

MEASURE COLLECTION

[Quality and Outcomes Framework Indicators](#)

MEASURE SET NAME

[Cancer](#)

DEVELOPER

British Medical Association
National Health System (NHS) Confederation

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Apr

REVISION DATE

2006 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance.
London (UK): British Medical Association (BMA); 2006. 132 p.

MEASURE AVAILABILITY

The individual measure, "Cancer 3. The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within six months of the practice receiving confirmation of the diagnosis," is published in the "Quality and outcomes framework guidance." This document is available in Portable Document Format (PDF) from the [British Medical Association Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on May 22, 2006. The information was verified by the measure developer on August 11, 2006.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, separated by a small red star.

